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CONFIRMATION NO. 8810

<b>SERIAL NUMBER</b> 09/836,477	<b>FILING OR 371(c) DATE</b> 04/18/2001 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> VIP0011
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/197,606 04/18/2000 and claims benefit of 60/213,219 06/22/2000 *Ue*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/14/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>LAC</i>	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**  
23377

**TITLE**  
Methods for measuring therapy resistance

<b>FILING FEE RECEIVED</b> 1556	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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